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| 1. NUMBER: HRF-00-058 | 2. PCN: PB20217 | MSFC ENGINEERING CHANGE REQUEST (ECR) (See Instructions - MSFC Form 2327-2) | | 3. DATE: 11/29/00 | 4. PAGE 1 of 1 |
| 5. TO: FD32/Barbara Cobb | | 6. THRU: | | 7. FROM: Robert Strahan, JSC/LM | |
| 8. TITLE OF CHANGE: Create Baseline Increment 3 Files Template for WORK | | | | | |
| 9. RECOMMENDED PRIORITY: <input type="checkbox"/> Emergency <input type="checkbox"/> Urgent <input checked="" type="checkbox"/> Routine | | | 10. NEED DATE: | | |
| 11. PROGRAM(S)/PROJECT(S) AFFECTED: ISS | | | 12. CONFIGURATION ITEM(S) AFFECTED BY NOMENCLATURE: Increment 3 US PODF | | |
| 13. RECOMMENDED EFFECTIVITY(IES): Increment 3 | | | 14. DOCUMENTATION AFFECTED (Specs, ICD, etc.): Procedures and related docs: M3UEHRFWORKFL001. | | |
| 15. RELATED CHANGES (ECR, ECP, CR, etc.) BY NUMBER: | | | 15A. INITIATING DOCUMENT NUMBER, e.g., DR, Software Trouble Report, etc. | | |
| 16. JUSTIFICATION FOR CHANGE (Include effect if not incorporated). (If necessary, continue on MSFC Form 2327-1 -Continuation Sheet) New files template required to support configuration management for Increment 3. | | | | | |
| 17. EFFECTS ON: <input type="checkbox"/> Hardware <input type="checkbox"/> Facility <input type="checkbox"/> Schedule (See Enclosure for impact) <input type="checkbox"/> Requirements Documentation <input type="checkbox"/> Software <input type="checkbox"/> Environment <input type="checkbox"/> Cost (Estimated cost included in Enclosure) <input checked="" type="checkbox"/> Other (Specify): US PODF | | | | | |
| 18. DESCRIPTION OF CHANGE (Include reference to enclosures). (If necessary, continue on MSFC Form 2327-1-Continuation Sheet) Baseline files template M3UEHRFWORKFL001 for payload WORK for Increment 3 (see Inc. 3 Final Input wing) which incorporates previously baselined files from Increment 2 activities and adds new files and revises one procedure for Increment 3. | | | | | |
| 19. MOD KIT INFORMATION: | | | | | |
| Yes No | | | | Enclosure | Paragraph |
| <input type="checkbox"/> <input type="checkbox"/> Previously issued modification instructions affected? (Explain) | | | | | |
| <input type="checkbox"/> <input type="checkbox"/> Proofing of modification instructions and kit installation required? (Explain) | | | | | |
| Proofing Location: | | | | | |
| <input type="checkbox"/> <input type="checkbox"/> Retest required? (Identify test invalidated by change) | | | | | |
| <input type="checkbox"/> <input type="checkbox"/> Requalification required? (Include description of test plan for requalification) | | | | | |
| Vehicle/Site & CI Serial No. | Change Period | Mod Kit Delivery Date | Est. M/H for Mod Kit Instl. | Out-of-Service Time | |
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| 20. SIGNATURE OF ORIGINATOR: Robert Strahan /s/ | | DATE: 11/29/00 | TELEPHONE NUMBER: 2813352102 | OFFICE SYMBOL: LM | |
| 21. CONCURRENCE | | | | | |
| SIGNATURE | ORG. | DATE | SIGNATURE | ORG. | DATE |
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| 22. TECHNICAL APPROVAL | | | | | |
| SIGNATURE | ORG. | DATE | SIGNATURE | ORG. | DATE |
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